



April 26, 2018

Trinity Medical Center
Paula Davey
2701 17th Street
Rock Island, IL 61201

Hospital NPI: 1316047632
Hospital CCN: 140280

Re: FINDING AND ORDER FOR REPAYMENT

Trinity Medical Center:

In the previous *Preliminary Report of Tentative Overpayment* letter, it was explained that a request for a reevaluation must be received within 15-days from the date of that letter and additional documentation must be submitted within 30-days from the date of that letter. Myers and Stauffer LC is the current post-payment contractor for Iowa's Medicaid Electronic Health Record (EHR) Incentive Program, which is administered by the Iowa Medicaid Enterprise (IME). Myers and Stauffer received additional documentation. Your Aggregate EHR Incentive payment has been recalculated and it has been determined the hospital has received an overpayment.

The purpose of the analysis is to validate information utilized in the aggregate EHR Incentive payment calculation for Trinity Medical Center. This letter will summarize the findings of our analysis and notify you of any subsequent action.

Upon completion of the supporting documentation for the aggregate EHR Incentive Amount, Myers and Stauffer has determined an overpayment of **\$830,730.79**. This amount must be remitted to Iowa Medicaid Enterprise within 30 days of the date of this letter.

Recovery of Iowa Medicaid overpayments is based according to Iowa Administrative Code 441-79.16 (249A) Electronic Health Record Incentive Program and 42 CFR Part 495 - Standards For The Electronic Health Record Technology Incentive Program Subpart D Requirements Specific to the Medicaid Program (§§ 495.300 - 495.370).

Summary of Findings

This letter describes each issue, or area of deviation, found in our analysis of Trinity Medical Center's EHR incentive payment calculation. The aforementioned sections of the Iowa Administrative Code and/or federal regulations are the basis and authority for the recoupment associated with the deviations found in the analysis under hospital NPI.

Utilizing documentation submitted for analysis, Myers and Stauffer recalculated the hospital's three-year aggregate EHR Incentive Amount from **\$2,542,924.00** to **\$1,712,193.21**, which is an overpayment of **\$830,730.79** in the aggregate EHR incentive.

This adjustment is necessary because:

- The adjusted number of discharges utilized in the average growth rate calculation differs from the discharges utilized in the original calculation.
- The adjusted number of total acute Medicaid days is less than the number utilized in the original calculation.
- The adjusted amount of total hospital charges is greater than the amount used in the original calculation.
- The adjusted amount of charity care charges is less than the amount used in the original calculation.
- The adjusted number of total acute hospital days is greater than the number utilized in the original calculation.

Each issue is supported by the identified rules and regulations that were in effect at the time the incentive payment was made. If you have questions related to this analysis, please contact the representative identified below.

Summary

Please remit a check payable to Iowa Medicaid Enterprise in the amount of **\$830,730.79 along with a copy of this letter, within 30 days of the date of this letter** to the address identified below.

**Address to send EHR checks:
Program Integrity (PI) Unit
Electronic Health Record (EHR) Recoupment
Iowa Medicaid Enterprise
P.O. Box 36390
Des Moines, IA 50315**

If within the prescribed time you do not remit the full amount to the IME, additional collection action and sanctions may be necessary.

The overpayment amount listed in this letter is only for the EHR incentive payment described herein. If there are other Medicaid overpayments related to other EHR incentive payments or issues, you will receive separate notice(s) from the Iowa Medicaid Enterprise at the appropriate time.

Appeal

If you disagree with these post-payment analysis results and/or the request for refund, you have the right to appeal. Your appeal rights and procedures for hearings are explained in Iowa Code Chapter 17A, Section 12 and 441 Iowa Administrative Code (IAC) Chapter 7. Your appeal request must be received within 90 calendar days of the date of this notice.

Your appeal can be submitted by doing one of the following:

- Complete an appeal request at <https://dhssecure.dhs.state.ia.us/forms/appealrequest.htm> or at your county DHS office.
- Write a letter indicating why you think the decision is wrong.

Send or take your appeal request to the address identified below.

Department of Human Services
Appeals Section
Fifth Floor
1305 East Walnut Street
Des Moines, IA 50319-0114

Any discussion between you and the Department does not extend these time periods nor does it in any way diminish your right to a hearing. If an appeal is filed, legal counsel or anyone else of your choice may represent you, but the Department cannot pay representative's fees or expenses.

The filing of an appeal does not relieve you of the obligation to refund the overpayment identified in this review and will not forestall our recoupment process. Please refer to Iowa Administrative Code (IAC) 441—79.2(8) *Suspension or withholding of payments pending a final determination*, and IAC 441—79.4(7) *Appeal by provider of care*.

Also note that Iowa Code § 8A.504 provides that if you do not pay the overpayment established after you have exhausted your administrative remedies, any Iowa Income Tax Refund to which you may be entitled may be withheld to satisfy your overpayment debt.

If you have questions about the post-payment analysis results or the appeals process, please contact Ali Ariail of Myers and Stauffer LC by phone at (866) 758-3586 or via email at IAEHR@mslc.com. We want to emphasize that the time period for filing an official request for a hearing starts with the date of this letter and is not negotiable.

Sincerely,



Michael D. Johnson, CPA, CFE
Member
Myers and Stauffer LC

Cc: Heidi Weaver, Iowa Medicaid Enterprise